

929

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index - - No. <u>94</u>	
County <u>Graham</u>		County Registered No. <u>74</u>	
District _____		Local Registrar's - No. <u>74</u>	
Town _____			
Or City <u>Solomonville, Ariz.</u>		ORIGINAL CERTIFICATE OF DEATH	
No. _____ St. _____			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Aneta Rames Aranda</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race White Indian Black Chinese Mexican <u>Mexican</u>	DATE OF DEATH <u>Sept. 18</u> , 19 <u>21</u> (Month (Day) (Year))	
SINGLE MARRIED <u>Married</u> WIDOWED or DIVORCED		I hereby certify that I attended deceased from <u>7/19</u> 19 <u>21</u> to <u>7/18</u> 19 <u>21</u> ; that I last saw <u>her</u> alive on <u>7/18</u> 19 <u>21</u> , and that death occurred on the date stated above at <u>59</u> , M. The DISEASE or INJURY causing death was as follows: <u>Tuberculosis of lungs</u>	
DATE OF BIRTH <u>June 10</u> , 18 <u>94</u> (Month) (Day) (Year)		(Duration)) <u>2</u> yrs. _____ mos. _____ days.	
AGE <u>27</u> yrs. <u>3</u> mos. <u>8</u> days hrs., or _____ min.		Was disease contracted in Arizona? <u>yes</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____		If not, where? _____	
BIRTHPLACE (State or Country) <u>Graham Co. Ariz.</u>		CONTRIBUTORY _____	
PARENTS	NAME OF FATHER <u>Feles Rames</u>	(Duration) _____ yrs. _____ mos. _____ days.	
	BIRTHPLACE OF FATHER (State or Country) <u>Mexico</u>	(Signed) <u>J. H. K. [Signature]</u>	
	MAIDEN NAME OF MOTHER <u>Unknown</u>	<u>924024</u> (Address) <u>[Signature]</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Unknown</u>	*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.	
The Above is True to the Best of My Knowledge (Informant) <u>Thomas Aranda</u> (Address) <u>Solomonville, Ariz.</u>		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Ariz. _____ yrs. _____ mos. _____ ds. Former or Usual Residence <u>All her lifetime</u>	
PLACE OF BURIAL OR REMOVAL <u>Solomonville, Ariz.</u>	DATE OF BURIAL OR REMOVAL <u>Sept. 19</u> , 19 <u>21</u>	Filed <u>10 - 5</u> 19 <u>21</u> <u>Alma Burns</u> Local Registrar.	
UNDERTAKER <u>H. C. Rawson</u>	ADDRESS <u>Safford Ariz.</u>	Filed <u>10 - 10</u> 19 <u>21</u> <u>J. N. Stratton</u> County Registrar.	